2011 RISE Award

Application for Rural Indiana Smoke-free Environment Award



Facility Type	Hospital Clinic Mental Health Inpatient Mental Health Outpatient		
	Addictions Treatment Inpatient	Addictions Treatment Outpatient	Other
Contact Name			
Facility Name C	CEO		
Address			
County	Phone	E-mail	
Fax	Number of Employees	Facility Web Site	
A copy of your fa municate the pol		this form. Please also include a sample of any r	naterials used to com-
Why did your fa	acility decide to go smoke-free?		
Explain your im	plementation process.		
What (unexpect	ted) benefits has this policy brought to y	our facility?	
Explain any smo	oking cessation assistance provided to sta	aff/patients/clients as a result of the policy.	
Please disclose a	nny feedback you have received from you	ır community.	
	edia sources you would like contacted we policy was implemented.	hen the award is announced. Attach any me	dia coverage you re-

About the RISE Award



Missior

The mission of the Indiana Rural Health Association is to provide leadership to improve rural health in Indiana.

What is RISE?

This award is presented annually to all who qualify and is a collaboration of the Indiana Rural Health Association and the Indiana Tobacco Prevention and Cessation Agency. Intended to recognize smoke-free healthcare and mental health facilities throughout

the state, the award acknowledges management and staff who have taken necessary steps to lead Hoosiers

Award Criteria

The Rural Indiana Smoke-free Environment Award recognizes rural healthcare and mental health facilitie in Indiana that have policies prohibiting any smoking by staff, patients, clients and visitors in hospital/clinic buildings, on the grounds and in vehicles 24 hours a day.



Mailing Information

Please mail or fax your form and your facility's smoke-free policy to

ITPC

Attn: Rural Indiana Smoke-free Environment Award 2 North Meridian Street Suite 2T Indianapolis, IN 46204 Fox: 317-234-1786

Fax: 317-234-1786 **Deadline: May 1, 2011**

